

IAD000610436

AMANA COMPANY LP
ROBERT A STEIFF
2800 220TH TRAIL
MIDDLE AMANA, IA 522040001



FEB 10 2000 U.S. ENVIRONMENTAL
PROTECTION AGENCY

RESP

1999 Hazardous Waste Report

FORM
IC

IDENTIFICATION AND
CERTIFICATION

Instructions: Please see the detailed instructions beginning on page 7 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each section is provided below.

Sec. I Site name and location address. Check the box ☐ in items A, B, C, E, F, G, and H if same as label; if different, enter corrections. If label is absent, enter information. Instructions page 7.

| | | | |
|--|--|---|--|
| A. EPA ID No. Same as label <input checked="" type="checkbox"/> or → <input type="checkbox"/> | | B. County Same as label <input checked="" type="checkbox"/> or → <input type="checkbox"/> | |
| C. Site/company name Same as label <input checked="" type="checkbox"/> or → <input type="checkbox"/> | | D. Has the site name associated with this EPA ID changed since 1997? <input type="checkbox"/> 1 Yes <input checked="" type="checkbox"/> 2 No | |
| E. Street name and number. If not applicable, enter industrial park, building name, or other physical location description. Same as label <input checked="" type="checkbox"/> or → <input type="checkbox"/> | | | |
| F. City, town, village Same as label <input checked="" type="checkbox"/> or → <input type="checkbox"/> | | G. State Same as label <input checked="" type="checkbox"/> or → <input type="checkbox"/> | H. Zip Code Same as label <input checked="" type="checkbox"/> or → <input type="checkbox"/> |

| | | |
|---|--------------------------------------|---|
| Sec. II Mailing address of site. Instructions page 7. | | |
| A. Is the mailing address the same as the location address? <input checked="" type="checkbox"/> 1 Yes (SKIP TO SEC. III) <input type="checkbox"/> 2 No (CONTINUE TO BOX B) | | |
| B. Number and street name of mailing address | | |
| C. City, town, village | D. State <input type="checkbox"/> | E. Zip Code <input type="checkbox"/> |

| | | | | |
|---|----------------------|------------|---|--|
| Sec. III Name, title, and telephone number of the person who should be contacted if questions arise regarding this report. Instructions page 7. | | | | |
| A. Last Name Steiff | First name Robert | M.I. A. | B. Title Supervisor Waste Treatment | C. Telephone Number 319-622-2175 Extension N/A |

| | | | | |
|--|----------------------|------------|--|--|
| Sec. IV "I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties under Section 3008 of the Resource Conservation and Recovery Act for submitting false information, including the possibility of fine and imprisonment for knowing violations." Instructions page 8. | | | | |
| A. Last Name Larkin | First name Walter | M.I. J. | B. Title Vice President, Operations | |
| C. Signature | | | D. Date of signature 02 07 00 Month Day Year | |

RCRIS data entered
by RCO NEWCC
on 2/10/00

BROS data entered
BY SBritt TRI-COR
ON 2/16/00

RCRIS 2/25/00

160083

EPA ID NO. I A D 0 0 0 6 1 0 4 3 6

| | |
|---|---|
| Sec. VI On-site waste management status. Instructions page 10. | |
| A. Storage subject to RCRA permitting requirements <div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto;"></div> | B. Treatment, disposal, or recycling subject to RCRA permitting requirements <div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto;"></div> |

Comments:

RCRA RECORDS CENTER

R00166083



BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

IAD000610436

AMANA COMPANY LP
ROBERT A STEIFF
2800 220TH TRAIL
MIDDLE AMANA, IA 522040001



U.S. ENVIRONMENTAL
PROTECTION AGENCY

1999 Hazardous Waste Report

FORM
GM

WASTE GENERATION
AND MANAGEMENT

Instructions: Please see the detailed instructions beginning on page 11 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

| | | | | | |
|---|--|------------------------|---|-------------------------------------|--------------------------|
| Sec. I | | | | | |
| A. Waste description (page 12) Chrome seal prior to paint, mixture of chrome and water, chrome containing liquid. | | | | | |
| B. EPA hazardous waste code (page 12) | | | C. State hazardous waste code (page 13) | | |
| D1007 N/A | | | | | |
| D. SIC code (page 13) | | | E. Origin code (page 13) | | F. Source code (page 14) |
| 3632 | | | 1 M | | A29 |
| G. Point of measurement (p. 14) | | H. Form code (page 14) | | I. RCRA-radioactive mixed (page 14) | |
| 2 | | B1103 | | 2 | |

| | | | | | | | |
|---------------------------------------|--|---|--|---|--|--|--|
| Sec. II | | A. Quantity generated in 1999 (page 15) | | B. UOM (page 15) | | C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15) | |
| | | 198450.0 | | 5 | | <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input type="checkbox"/> 2 No (SKIP TO SEC. III) | |
| | | | | Density 8.34 | | | |
| | | | | <input checked="" type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg | | | |
| ON-SITE PROCESS SYSTEM 1 | | | | ON-SITE PROCESS SYSTEM 2 | | | |
| On-site process system type (page 16) | | Quantity treated, disposed, or recycled on site in 1999 (page 16) | | On-site process system type (page 16) | | Quantity treated, disposed, or recycled on site in 1999 (page 16) | |
| M136 | | 198450.0 | | M | | | |

| | | | | |
|--|--|-----------------------------------|---|---|
| Sec. III | | | | |
| A. Was any of this waste shipped off site in 1999 for treatment, disposal, or recycling? (page 17) | | | | |
| <input type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input checked="" type="checkbox"/> 2 No (FORM IS COMPLETE) | | | | |
| Site 1 | B. EPA ID No. of facility waste was shipped to (page 17) | C. System type shipped to (p. 17) | D. Off-site availability code (page 17) | E. Total quantity shipped in 1999 (page 17) |
| | | M | | |
| Site 2 | B. EPA ID No. of facility waste was shipped to (page 17) | C. System type shipped to (p. 17) | D. Off-site availability code (page 17) | E. Total quantity shipped in 1999 (page 17) |
| | | M | | |
| Site 3 | B. EPA ID No. of facility waste was shipped to (page 17) | C. System type shipped to (p. 17) | D. Off-site availability code (page 17) | E. Total quantity shipped in 1999 (page 17) |
| | | M | | |

Comments:

Reference Section I, Box F, chrome seal prior to painting.

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U.S. ENVIRONMENTAL PROTECTION AGENCY

1999 Hazardous Waste Report

FORM GM

WASTE GENERATION AND MANAGEMENT

Instructions: Please see the detailed instructions beginning on page 11 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

| | | | | | |
|--|--|--|---|--|--|
| Sec. I | | A. Waste description (page 12) Toxic liquid - Ion exchange water containing chromium used prior to painting. | | | |
| B. EPA hazardous waste code (page 12) | | D 0 0 7 N / A | | C. State hazardous waste code (page 13) | |
| D. SIC code (page 13) | | E. Origin code (page 13) | | F. Source code (page 14) | |
| 3 6 3 2 | | System Type M | | A 2 9 | |
| G. Point of measurement (p. 14) | | H. Form code (page 14) | | I. RCRA-radioactive mixed (page 14) | |
| 1 | | B 1 1 4 | | 2 | |
| Sec. II | | A. Quantity generated in 1999 (page 15) | | B. UOM (page 15) | |
| | | 1 8 0 6 3 7 1 0 0 | | 5 | |
| | | Density 8 3 4 | | C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15) | |
| | | XX 1 lbs/gal <input type="checkbox"/> 2 sg | | XX Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input type="checkbox"/> 2 No (SKIP TO SEC. III) | |
| ON-SITE PROCESS SYSTEM | | ON-SITE PROCESS SYSTEM 2 | | | |
| On-site process system type (page 16) | | Quantity treated, disposed, or recycled on site in 1999 (page 16) | | On-site process system type (page 16) | |
| M 1 3 6 | | 1 8 0 6 3 7 1 0 0 | | M | |
| Sec. III | | A. Was any of this waste shipped off site in 1999 for treatment, disposal, or recycling? (page 17) | | | |
| | | <input type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input checked="" type="checkbox"/> 2 No (FORM IS COMPLETE) | | | |
| Site 1 | B. EPA ID No. of facility waste was shipped to (page 17) | C. System type shipped to (p. 17) | D. Off-site availability code (page 17) | E. Total quantity shipped in 1999 (page 17) | |
| | | M | | | |
| Site 2 | B. EPA ID No. of facility waste was shipped to (page 17) | C. System type shipped to (p. 17) | D. Off-site availability code (page 17) | E. Total quantity shipped in 1999 (page 17) | |
| | | M | | | |
| Site 3 | B. EPA ID No. of facility waste was shipped to (page 17) | C. System type shipped to (p. 17) | D. Off-site availability code (page 17) | E. Total quantity shipped in 1999 (page 17) | |
| | | M | | | |
| Comments: | | | | | |
| Reference Section I, Box F, final DI rinse prior to paint. | | | | | |

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Instructions: Please see the detailed instructions beginning on page 11 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

| | | | | | |
|--|---|--------------------------|--|------------------------|-------------------------------------|
| Sec. I | A. Waste description (page 12) Ion exchange of well water for rinsing of parts prior to painting, corrosive liquid. | | | | |
| B. EPA hazardous.waste code (page 12) | | | C. State hazardous waste code (page 13) | | |
| <div> <div>D 0 0 2</div> <div>N/A</div> </div> <div> <div>N / A</div> <div>N / A</div> <div>N / A</div> </div> | | | <div> <div></div><div></div><div></div><div></div><div></div><div></div> <div></div><div></div><div></div><div></div><div></div><div></div> </div> | | |
| D. SIC code (page 13) | E. Origin code (page 13) | F. Source code (page 14) | G. Point of measurement (p. 14) | H. Form code (page 14) | I. RCRA-radioactive mixed (page 14) |
| <div>3 6 3 2</div> | <div>1</div> <div>System Type</div> <div>M</div> | <div>A 0 6</div> | <div>2</div> | <div>B 1 1 0</div> | <div>2</div> |

| | | | | |
|---|---|---|--|---|
| Sec. II | A. Quantity generated in 1999 (page 15) | B. UOM <input type="text" value="5"/> (page 15) Density <input type="text" value="8"/> <input type="text" value="3"/> <input type="text" value="4"/> <input checked="" type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg | C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15) <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input type="checkbox"/> 2 No (SKIP TO SEC. III) | |
| | <input type="text" value="1"/> <input type="text" value="5"/> <input type="text" value="4"/> <input type="text" value="2"/> <input type="text" value="5"/> <input type="text" value="0"/> <input type="text" value="0"/> . <input type="text" value="0"/> | | | |
| ON-SITE PROCESS SYSTEM | | | ON-SITE PROCESS SYSTEM 2 | |
| On-site process system type (page 16) | | Quantity treated, disposed, or recycled on site in 1999 (page 16) | On-site process system type (page 16) | Quantity treated, disposed, or recycled on site in 1999 (page 16) |
| <input type="text" value="M"/> <input type="text" value="1"/> <input type="text" value="3"/> <input type="text" value="6"/> | | <input type="text" value="1"/> <input type="text" value="5"/> <input type="text" value="4"/> <input type="text" value="2"/> <input type="text" value="5"/> <input type="text" value="0"/> <input type="text" value="0"/> . <input type="text" value="0"/> | <input type="text" value="M"/> <input type="text" value="1"/> <input type="text" value="3"/> <input type="text" value="6"/> | <input type="text" value="1"/> <input type="text" value="5"/> <input type="text" value="4"/> <input type="text" value="2"/> <input type="text" value="5"/> <input type="text" value="0"/> <input type="text" value="0"/> . <input type="text" value="0"/> |

| Sec. III | A. Was any of this waste shipped off site in 1999 for treatment, disposal, or recycling? (page 17) <input type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input checked="" type="checkbox"/> 2 No (FORM IS COMPLETE) | | | |
|----------|--|--|--|--|
| Site 1 | B. EPA ID No. of facility waste was shipped to (page 17) <div style="border-bottom: 1px solid black; width: 100%; height: 1em;"></div> | C. System type shipped to (p. 17) <div style="border-bottom: 1px solid black; width: 100%; height: 1em;"></div> | D. Off-site availability code (page 17) <div style="border-bottom: 1px solid black; width: 100%; height: 1em;"></div> | E. Total quantity shipped in 1999 (page 17) <div style="border-bottom: 1px solid black; width: 100%; height: 1em;"></div> |
| Site 2 | B. EPA ID No. of facility waste was shipped to (page 17) <div style="border-bottom: 1px solid black; width: 100%; height: 1em;"></div> | C. System type shipped to (p. 17) <div style="border-bottom: 1px solid black; width: 100%; height: 1em;"></div> | D. Off-site availability code (page 17) <div style="border-bottom: 1px solid black; width: 100%; height: 1em;"></div> | E. Total quantity shipped in 1999 (page 17) <div style="border-bottom: 1px solid black; width: 100%; height: 1em;"></div> |
| Site 3 | B. EPA ID No. of facility waste was shipped to (page 17) <div style="border-bottom: 1px solid black; width: 100%; height: 1em;"></div> | C. System type shipped to (p. 17) <div style="border-bottom: 1px solid black; width: 100%; height: 1em;"></div> | D. Off-site availability code (page 17) <div style="border-bottom: 1px solid black; width: 100%; height: 1em;"></div> | E. Total quantity shipped in 1999 (page 17) <div style="border-bottom: 1px solid black; width: 100%; height: 1em;"></div> |

Comments:

Reference Section I, Box H, spent acid and caustic liquids from ion exchange column.

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FORM
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WASTE GENERATION
AND MANAGEMENT

Instructions: Please see the detailed instructions beginning on page 11 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

| | | | | | | |
|--|--|--|---|--|-------------------------------------|---|
| Sec. I | | A. Waste description (page 12) Toxic - Discontinued used/maintenance of equipment containing mercury. | | | | |
| B. EPA hazardous waste code (page 12) | | D10109 | | N/A | | C. State hazardous waste code (page 13) |
| N/A | | N/A | | N/A | | |
| D. SIC code (page 13) | E. Origin code (page 13) | F. Source code (page 14) | G. Point of measurement (p. 14) | H. Form code (page 14) | I. RCRA-radioactive mixed (page 14) | |
| 3632 | 1 | A56 | 1 | B319 | 2 | |
| Sec. II | | A. Quantity generated in 1999 (page 15) | | | | |
| | | B. UOM (page 15) | | C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15) | | |
| 770 | | 1 | | <input type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III) | | |
| ON-SITE PROCESS SYSTEM | | ON-SITE PROCESS SYSTEM 2 | | | | |
| On-site process system type (page 16) | | Quantity treated, disposed, or recycled on site in 1999 (page 16) | | On-site process system type (page 16) | | Quantity treated, disposed, or recycled on site in 1999 (page 16) |
| M | | | | M | | |
| Sec. III | | A. Was any of this waste shipped off site in 1999 for treatment, disposal, or recycling? (page 17) | | | | |
| | | <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE) | | | | |
| Site 1 | B. EPA ID No. of facility waste was shipped to (page 17) | C. System type shipped to (p. 17) | D. Off-site availability code (page 17) | E. Total quantity shipped in 1999 (page 17) | | |
| | IND 016 621 476 | M141 | 1 | 770 | | |
| Site 2 | B. EPA ID No. of facility waste was shipped to (page 17) | C. System type shipped to (p. 17) | D. Off-site availability code (page 17) | E. Total quantity shipped in 1999 (page 17) | | |
| | | M | | | | |
| Site 3 | B. EPA ID No. of facility waste was shipped to (page 17) | C. System type shipped to (p. 17) | D. Off-site availability code (page 17) | E. Total quantity shipped in 1999 (page 17) | | |
| | | M | | | | |
| Comments: | | | | | | |
| Reference Section I, Box H, Scrap/broken equipment containing mercury. | | | | | | |

1AD000610436

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| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---------------------------------------|--------------------------------|--|--|--|--|---|--|--|--|---|--|--|--|--|---------------------------------|--|--|--|--|-------------------------------------|--|--|--|--|-------------------------------------|--|--|--|--|
| Sec. I | A. Waste description (page 12) | | | | | Scrap fluorescent light bulbs, mercury containing solids. | | | | | | | | | | | | | | | | | | | | | | | |
| B. EPA hazardous waste code (page 12) | | | | | <u>D</u> <u>0</u> <u>0</u> <u>9</u> <u>N</u> / <u>A</u> <u>N</u> / <u>A</u> <u>N</u> / <u>A</u> <u>N</u> / <u>A</u> | | | | | C. State hazardous waste code (page 13) | | | | | | | | | | | | | | | | | | | |
| D. SIC code (page 13) | | | | | E. Origin code (page 13) | | | | | F. Source code (page 14) | | | | | G. Point of measurement (p. 14) | | | | | H. Form code (page 14) | | | | | I. RCRA-radioactive mixed (page 14) | | | | |
| <u>3</u> <u>6</u> <u>3</u> <u>2</u> | | | | | <u>1</u> System Type <u>M</u> <u> </u> <u> </u> <u> </u> | | | | | <u>A</u> <u>9</u> <u>2</u> | | | | | <u>1</u> | | | | | <u>B</u> <u>3</u> <u>1</u> <u>9</u> | | | | | <u>2</u> | | | | |

| | | | | | | |
|---------|--|--|--|--|--|--|
| Sec. II | A. Quantity generated in 1999 (page 15) <div> <div> <div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div> </div> <div> <div>4</div><div>2</div><div>7</div><div>7</div><div>0</div> </div> <div></div> </div> | | B. UOM <div> <div></div><div>1</div> </div> (page 15) Density <div> <div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div> </div> <div></div> <div> <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg </div> | | C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15) <input type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III) | |
| | <div>ON-SITE PROCESS SYSTEM</div> <div> <div>On-site process system type (page 16)</div> <div>Quantity treated, disposed, or recycled on site in 1999 (page 16)</div> <div> <div> <div>M</div><div></div><div></div><div></div> </div> <div> <div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div> </div> <div></div> </div> </div> | | | | <div>ON-SITE PROCESS SYSTEM 2</div> <div> <div>On-site process system type (page 16)</div> <div>Quantity treated, disposed, or recycled on site in 1999 (page 16)</div> <div> <div> <div>M</div><div></div><div></div><div></div> </div> <div> <div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div> </div> <div></div> </div> </div> | |

| Sec. III | A. Was any of this waste shipped off site in 1999 for treatment, disposal, or recycling? (page 17) | | | |
|----------|--|--|--|--|
| | <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE) | | | |
| Site 1 | B. EPA ID No. of facility waste was shipped to (page 17) I N D 0 1 6 6 2 1 4 7 6 | C. System type shipped to (p. 17) M 1 4 1 | D. Off-site availability code (page 17) 1 | E. Total quantity shipped in 1999 (page 17) 4 2 7 7 . 0 |
| Site 2 | B. EPA ID No. of facility waste was shipped to (page 17) | C. System type shipped to (p. 17) M | D. Off-site availability code (page 17) | E. Total quantity shipped in 1999 (page 17) . |
| Site 3 | B. EPA ID No. of facility waste was shipped to (page 17) | C. System type shipped to (p. 17) M | D. Off-site availability code (page 17) | E. Total quantity shipped in 1999 (page 17) . |

Comments:

Reference Section I, Box H, scrap fluorescent bulbs.

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| | | | | | | |
|---|--|--|---|---|-------------------------------------|---|
| Sec. I | | A. Waste description (page 12) Toxic solid - Ion exchange resin containing chromium used to treat water used in painting. | | | | |
| B. EPA hazardous waste code (page 12) | | D 0 0 7 | | N / A | | C. State hazardous waste code (page 13) |
| | | N / A | | N / A | | |
| D. SIC code (page 13) | E. Origin code (page 13) | F. Source code (page 14) | G. Point of measurement (p. 14) | H. Form code (page 14) | I. RCRA-radioactive mixed (page 14) | |
| 3 6 3 2 | 1 | A 1 9 | 2 | B 6 0 6 | 2 | |
| Sec. II | | A. Quantity generated in 1999 (page 15) | | | | |
| | | 4 6 8 0 0 | | | | |
| B. UOM (page 15) | | C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15) | | | | |
| 1 | | <input type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III) | | | | |
| Density | | | | | | |
| | | <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg | | | | |
| ON-SITE PROCESS SYSTEM | | ON-SITE PROCESS SYSTEM 2 | | | | |
| On-site process system type (page 16) | | Quantity treated, disposed, or recycled on site in 1999 (page 16) | | On-site process system type (page 16) | | Quantity treated, disposed, or recycled on site in 1999 (page 16) |
| M | | | | M | | |
| Sec. III | | A. Was any of this waste shipped off site in 1999 for treatment, disposal, or recycling? (page 17) | | | | |
| | | <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE) | | | | |
| Site 1 | B. EPA ID No. of facility waste was shipped to (page 17) | C. System type shipped to (p. 17) | D. Off-site availability code (page 17) | E. Total quantity shipped in 1999 (page 17) | | |
| | I N D 0 1 6 6 2 1 4 7 6 | M 1 4 1 | 1 | 4 6 8 0 0 | | |
| Site 2 | B. EPA ID No. of facility waste was shipped to (page 17) | C. System type shipped to (p. 17) | D. Off-site availability code (page 17) | E. Total quantity shipped in 1999 (page 17) | | |
| | | M | | | | |
| Site 3 | B. EPA ID No. of facility waste was shipped to (page 17) | C. System type shipped to (p. 17) | D. Off-site availability code (page 17) | E. Total quantity shipped in 1999 (page 17) | | |
| | | M | | | | |
| Comments: | | | | | | |
| Reference Section I, Box F, Ion exchange resin used to treat water from paint dept. | | | | | | |

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

IAD000610436

AMANA COMPANY LP
ROBERT A STEIFF
2800 220TH TRAIL
MIDDLE AMANA, IA 522040001



U.S. ENVIRONMENTAL PROTECTION AGENCY

1999 Hazardous Waste Report

FORM
GMWASTE GENERATION
AND MANAGEMENT

Instructions: Please see the detailed instructions beginning on page 11 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

| | | | | | |
|-----------------------|---|--------------------------|---|------------------------|-------------------------------------|
| Sec. I | A. Waste description (page 12) Combustible - spent solvent from cleaning parts, petroleum naptha. | | | | |
| | B. EPA hazardous waste code (page 12) | | C. State hazardous waste code (page 13) | | |
| | D 0 0 1 D 0 1 8 D 0 3 9 N / A N / A | | | | |
| D. SIC code (page 13) | E. Origin code (page 13) | F. Source code (page 14) | G. Point of measurement (p. 14) | H. Form code (page 14) | I. RCRA-radioactive mixed (page 14) |
| | | | | | |
| | | | | | |
| | | | | | |

| | | | | | |
|---------------------------------------|---|---|-------------------------------------|---|--|
| Sec. II | A. Quantity generated in 1999 (page 15) | | B. UOM (page 15) | | C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15) |
| | 4 7 2 0 | | 5 Density 6 7 XX lbs/gal 2 sg | | |
| ON-SITE PROCESS SYSTEM | | | ON-SITE PROCESS SYSTEM 2 | | |
| On-site process system type (page 16) | | Quantity treated, disposed, or recycled on site in 1999 (page 16) | | On-site process system type (page 16) Quantity treated, disposed, or recycled on site in 1999 (page 16) | |
| | | | | | |

| | | | | | |
|----------|--|-----------------------------------|---|---|--|
| Sec. III | A. Was any of this waste shipped off site in 1999 for treatment, disposal, or recycling? (page 17) | | | | |
| | X 1 Yes (CONTINUE TO BOX B) 2 No (FORM IS COMPLETE) | | | | |
| Site 1 | B. EPA ID No. of facility waste was shipped to (page 17) | C. System type shipped to (p. 17) | D. Off-site availability code (page 17) | E. Total quantity shipped in 1999 (page 17) | |
| | I A D 0 2 2 3 6 5 4 8 0 | M 0 2 4 | 1 | 4 7 2 0 | |
| Site 2 | B. EPA ID No. of facility waste was shipped to (page 17) | C. System type shipped to (p. 17) | D. Off-site availability code (page 17) | E. Total quantity shipped in 1999 (page 17) | |
| | | M | | | |
| Site 3 | B. EPA ID No. of facility waste was shipped to (page 17) | C. System type shipped to (p. 17) | D. Off-site availability code (page 17) | E. Total quantity shipped in 1999 (page 17) | |
| | | M | | | |

Comments:

Reference Section III, Box C, vacuum distillation.

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U.S. ENVIRONMENTAL PROTECTION AGENCY

1999 Hazardous Waste Report

FORM GM

WASTE GENERATION AND MANAGEMENT

Instructions: Please see the detailed instructions beginning on page 11 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

Sec. I A. Waste description (page 12) **Flammable - spent solvent from painting operation mixture of xylene and other solvents.**

B. EPA hazardous waste code (page 12) **D 0 0 1 D 0 0 5 F 0 0 3 F 0 0 5 D 0 1 8**

C. State hazardous waste code (page 13)

D. SIC code (page 13) **3 6 3 2**

E. Origin code (page 13) **1**
System Type **M**

F. Source code (page 14) **A 2 1**

G. Point of measurement (p. 14) **2**

H. Form code (page 14) **B 12 10 13**

I. RCRA-radioactive mixed (page 14) **2**

Sec. II A. Quantity generated in 1999 (page 15)

17 17 16 17 17 10

B. UOM (page 15) **1**
Density **1**
☐ 1 lbs/gal ☐ 2 sg

C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15)

☐ 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1)
☒ 2 No (SKIP TO SEC. III)

ON-SITE PROCESS SYSTEM

On-site process system type (page 16)

M

Quantity treated, disposed, or recycled on site in 1999 (page 16)

17 17 16 17 17 10

ON-SITE PROCESS SYSTEM 2

On-site process system type (page 16)

M

Quantity treated, disposed, or recycled on site in 1999 (page 16)

17 17 16 17 17 10

Sec. III A. Was any of this waste shipped off site in 1999 for treatment, disposal, or recycling? (page 17)
☒ 1 Yes (CONTINUE TO BOX B) ☐ 2 No (FORM IS COMPLETE)

Site 1 B. EPA ID No. of facility waste was shipped to (page 17) **I L D 0 0 0 6 0 8 4 7 1**

C. System type shipped to (p. 17) **M 0 6 1 1**

D. Off-site availability code (page 17) **1**

E. Total quantity shipped in 1999 (page 17) **17 19 16 10 10**

Site 2 B. EPA ID No. of facility waste was shipped to (page 17) **I N D 0 1 6 6 2 1 4 7 6**

C. System type shipped to (p. 17) **M 1 4 1 1**

D. Off-site availability code (page 17) **1**

E. Total quantity shipped in 1999 (page 17) **5 9 17 1 17 10**

Site 3 B. EPA ID No. of facility waste was shipped to (page 17)

C. System type shipped to (p. 17) **M**

D. Off-site availability code (page 17)

E. Total quantity shipped in 1999 (page 17)

Comments:

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ROBERT A STEIFF
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U.S. ENVIRONMENTAL PROTECTION AGENCY

1999 Hazardous Waste Report

FORM GM

WASTE GENERATION AND MANAGEMENT

Instructions: Please see the detailed instructions beginning on page 11 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

| | | | | | | |
|---|---|--------------------------|---|------------------------|-------------------------------------|--|
| Sec. I | A. Waste description (page 12) Flammable solids from cleaning of parts in plastic department and sealant removal in microwave department - solvent soaked rags. | | | | | |
| B. EPA hazardous waste code (page 12) | | | C. State hazardous waste code (page 13) | | | |
| <u>D 0 0 1</u> <u>D 0 1 8</u> <u>F 0 0 3</u> <u>F 0 0 5</u> <u>N/A</u> | | | <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> | | | |
| D. SIC code (page 13) | E. Origin code (page 13) | F. Source code (page 14) | G. Point of measurement (p. 14) | H. Form code (page 14) | I. RCRA-radioactive mixed (page 14) | |
| <u>3 6 3 2</u> | <u>1</u> System Type <u>M</u> | <u>A 2 1</u> | <u>2</u> | <u>B 4 0 9</u> | <u>2</u> | |

| | | | |
|---|---|--|--|
| Sec. II | A. Quantity generated in 1999 (page 15) | B. UOM (page 15) | C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15) |
| | <u> </u> <u>3 4 0</u> <u>. 0</u> | <u>1</u> Density <u> </u> <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg | <input type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III) |
| ON-SITE PROCESS SYSTEM | | ON-SITE PROCESS SYSTEM 2 | |
| On-site process system type (page 16) | | On-site process system type (page 16) | |
| Quantity treated, disposed, or recycled on site in 1999 (page 16) | | Quantity treated, disposed, or recycled on site in 1999 (page 16) | |
| <u>M</u> <u> </u> | | <u>M</u> <u> </u> | |

| | | | | |
|-----------------|--|-----------------------------------|---|---|
| Sec. III | A. Was any of this waste shipped off site in 1999 for treatment, disposal, or recycling? (page 17) | | | |
| | <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE) | | | |
| Site 1 | B. EPA ID No. of facility waste was shipped to (page 17) | C. System type shipped to (p. 17) | D. Off-site availability code (page 17) | E. Total quantity shipped in 1999 (page 17) |
| | <u>I L D</u> <u>0 0 0</u> <u>6 0 8</u> <u>4 7 1</u> | <u>M 1 4 1</u> | <u>1</u> | <u> </u> <u>1 3 6</u> <u>. 0</u> |
| Site 2 | B. EPA ID No. of facility waste was shipped to (page 17) | C. System type shipped to (p. 17) | D. Off-site availability code (page 17) | E. Total quantity shipped in 1999 (page 17) |
| | <u>I N D</u> <u>0 1 6</u> <u>6 2 1</u> <u>4 7 6</u> | <u>M 1 4 1</u> | <u>1</u> | <u> </u> <u>2 0 4</u> <u>. 0</u> |
| Site 3 | B. EPA ID No. of facility waste was shipped to (page 17) | C. System type shipped to (p. 17) | D. Off-site availability code (page 17) | E. Total quantity shipped in 1999 (page 17) |
| | <u> </u> <u> </u> <u> </u> <u> </u> | <u>M</u> <u> </u> | <u> </u> | <u> </u> <u> </u> <u> </u> <u> </u> |

Comments:

Reference Section I, Box H, rag soaked with non-halogenated solvent.

AMANA COMPANY LP
ROBERT A STEIFF
2800 220TH TRAIL
MIDDLE AMANA, IA 522040001



1999 Hazardous Waste Report

**FORM
GM**

WASTE GENERATION AND MANAGEMENT

| | | |
|--------|--------------------------------|---|
| Sec. I | A. Waste description (page 12) | Toxic - spent solids containing chromium from a waste water de-ionization system. |
|--------|--------------------------------|---|

B. EPA hazardous waste code D007 N/A
(page 12) N/A N/A N/A

C. State hazardous waste code (page 13)

D. SIC code
(page 13)

| | | | |
|---|---|---|---|
| 3 | 6 | 3 | 2 |
|---|---|---|---|

E. Origin code 1
(page 13) System Type
| M | | | |

F. Source code
(page 14)

G. Point of measurement (p. 14) 2

H. Form code
(page 14)

1. RCRA-radioactive mixed
(page 14)

Sec. II A. Quantity generated in 1999
(page 15)

5 1 1 0

B. UOM 1
(page 15)
Density
 .
☐ 1 lbs/gal ☐ 2 sq

C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW?
(page 15)

☐ 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1)

☒ 2 No (SKIP TO SEC. III)

ON-SITE PROCESS SYSTEM

On-site process system type
(page 16)

Quantity treated, disposed, or recycled on site in 1999 (page 16)

ON-SITE PROCESS SYSTEM 2

| On-site process system type (page 16) | Quantity treated, disposed, or recycled on site in 1999 (page 16) |
|--|--|
| M | |

Sec. III A. Was any of this waste shipped off site in 1999 for treatment, disposal, or recycling? (page 17)
☒ 1 Yes (CONTINUE TO BOX B) ☐ 2 No (FORM IS COMPLETE)

Site 1 B. EPA ID No. of facility waste was shipped to
(page 17)
I L D 0 0 0 6 0 8 4 7 1

C. System type shipped to (p. 17)

D. Off-site availability
code (page 17)

[illegible]

| | |
|--------|---|
| Site 2 | B. EPA ID No. of facility waste was shipped to (page 17) |
| | I N D 0 1 6 6 2 1 4 7 6 |

C. System type
shipped to (p. 17)

| | | | |
|---|---|---|---|
| M | 1 | 4 | 1 |
|---|---|---|---|

D. Off-site availability
code (page 17)

| |
|---|
| E. Total quantity shipped in 1999 (page 17) |
| 4 3 8 0 |

[illegible]

C. System type
shipped to (p. 17)

| | |
|--|--|
| D. Off-site availability code (page 17) | |
|--|--|

E. Total quantity shipped in 1999 (page 17)

Comments:

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ROBERT A STEIFF
2800 220TH TRAIL
MIDDLE AMANA, IA 522040001



U.S. ENVIRONMENTAL PROTECTION AGENCY

1999 Hazardous Waste Report

FORM GM

WASTE GENERATION AND MANAGEMENT

Instructions: Please see the detailed instructions beginning on page 11 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

| | | | | | | |
|--------|---|--------------------------|--------------------------|--|------------------------|-------------------------------------|
| Sec. I | A. Waste description (page 12) Off spec. paint from painting of parts, flammable liquids, waste paint | | | | | |
| | B. EPA hazardous waste code (page 12) | | | C. State hazardous waste code (page 13) | | |
| | D 0 2 2 D 0 0 1 D 0 1 8 D 0 3 5 D 0 4 0 | | | <div style="border: 1px solid black; width: 100px; height: 15px;"></div> | | |
| | D. SIC code (page 13) | E. Origin code (page 13) | F. Source code (page 14) | G. Point of measurement (p. 14) | H. Form code (page 14) | I. RCRA-radioactive mixed (page 14) |
| | 3 6 3 2 | 1 M | A 2 1 | 2 | B 2 0 9 | 2 |

| | | | | | |
|---|---|---|---|---|--|
| Sec. II | A. Quantity generated in 1999 (page 15) | | B. UOM (page 15) | | C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15) |
| | 1 1 8 1 5 . 0 | | 1 Density 1 . 1 <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg | | |
| <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III) | | | | | |
| ON-SITE PROCESS SYSTEM 1 | | | ON-SITE PROCESS SYSTEM 2 | | |
| On-site process system type (page 16) | | Quantity treated, disposed, or recycled on site in 1999 (page 16) | | On-site process system type Quantity treated, disposed, or recycled on site in 1999 (page 16) | |
| M | | 1 1 8 1 5 . 0 | | M | |

| | | | | | |
|----------|--|-----------------------------------|---|---|--|
| Sec. III | A. Was any of this waste shipped off site in 1999 for treatment, disposal, or recycling? (page 17) | | | | |
| | <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE) | | | | |
| Site 1 | B. EPA ID No. of facility waste was shipped to (page 17) | C. System type shipped to (p. 17) | D. Off-site availability code (page 17) | E. Total quantity shipped in 1999 (page 17) | |
| | I I D 0 0 0 6 0 8 4 7 1 | M 0 6 1 | 1 | 1 2 0 2 5 . 0 | |
| Site 2 | B. EPA ID No. of facility waste was shipped to (page 17) | C. System type shipped to (p. 17) | D. Off-site availability code (page 17) | E. Total quantity shipped in 1999 (page 17) | |
| | I N D 0 1 6 6 2 1 4 7 6 | M 1 4 1 | 1 | 9 7 9 0 . 0 | |
| Site 3 | B. EPA ID No. of facility waste was shipped to (page 17) | C. System type shipped to (p. 17) | D. Off-site availability code (page 17) | E. Total quantity shipped in 1999 (page 17) | |
| | | M | | | |

Comments:

Reference Section I, Box B, F002, F003, F005

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AMANA COMPANY LP
ROBERT A STEIFF
2800 220TH TRAIL
MIDDLE AMANA, IA 522040001



U.S. ENVIRONMENTAL PROTECTION AGENCY

1999 Hazardous Waste Report

FORM GM

WASTE GENERATION AND MANAGEMENT

Instructions: Please see the detailed instructions beginning on page 11 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

| | |
|---------------|---|
| Sec. I | A. Waste description (page 12) Flammable - spent solvent and water from painting operation |
|---------------|---|

| | | | |
|---|---|---|--|
| B. EPA hazardous waste code (page 12) D 0 0 1 F 0 0 3 F 0 0 5 N/A N/A | | C. State hazardous waste code (page 13) | |
| D. SIC code (page 13) 3 6 3 1 | E. Origin code (page 13) 1 System Type M | F. Source code (page 14) A 2 1 | G. Point of measurement (p. 14) 3 |
| | | H. Form code (page 14) B 2 0 1 | I. RCRA-radioactive mixed (page 14) 2 |

| | | | |
|----------------|--|--------------------------------------|--|
| Sec. II | A. Quantity generated in 1999 (page 15) 8 2 5 0 | B. UOM (page 15) 1 Density | C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15) <input type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III) |
|----------------|--|--------------------------------------|--|

| | | | |
|--|---|--|---|
| ON-SITE PROCESS SYSTEM 1 | | ON-SITE PROCESS SYSTEM 2 | |
| On-site process system type (page 16) M | Quantity treated, disposed, or recycled on site in 1999 (page 16) | On-site process system type (page 16) M | Quantity treated, disposed, or recycled on site in 1999 (page 16) |

| | | | | |
|-----------------|--|--|--|--|
| Sec. III | A. Was any of this waste shipped off site in 1999 for treatment, disposal, or recycling? (page 17) <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE) | | | |
| Site 1 | B. EPA ID No. of facility waste was shipped to (page 17) I N D 0 1 6 6 2 1 4 7 6 | C. System type shipped to (p. 17) M 1 4 1 | D. Off-site availability code (page 17) 1 | E. Total quantity shipped in 1999 (page 17) 8 2 5 0 |
| Site 2 | B. EPA ID No. of facility waste was shipped to (page 17) | C. System type shipped to (p. 17) M | D. Off-site availability code (page 17) | E. Total quantity shipped in 1999 (page 17) |
| Site 3 | B. EPA ID No. of facility waste was shipped to (page 17) | C. System type shipped to (p. 17) M | D. Off-site availability code (page 17) | E. Total quantity shipped in 1999 (page 17) |

Comments:

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FORM GM

WASTE GENERATION AND MANAGEMENT

Instructions: Please see the detailed instructions beginning on page 11 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

| | | | | | |
|--|--|--|---|--|--|
| Sec. I | A. Waste description (page 12) Lab pack waste. | | | | |
| B. EPA hazardous waste code (page 12) D 0 0 2 F 0 0 3 F 0 0 5 D 0 1 8 L A B P | | | C. State hazardous waste code (page 13) [] [] [] [] [] [] [] [] [] [] | | |
| D. SIC code (page 13) 3 6 3 2 | E. Origin code (page 13) 1 System Type M [] [] [] | F. Source code (page 14) A 5 8 | G. Point of measurement (p. 14) 3 | H. Form code (page 14) B 0 0 3 | I. RCRA-radioactive mixed (page 14) 2 |
| Sec. II | A. Quantity generated in 1999 (page 15) [] [] [] 1 4 4 5 2 . 0 | | B. UOM (page 15) 1 Density [] [] [] <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg | | C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15) <input type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III) |
| ON-SITE PROCESS SYSTEM 1 | | | ON-SITE PROCESS SYSTEM 2 | | |
| On-site process system type (page 16) M [] [] [] [] | | Quantity treated, disposed, or recycled on site in 1999 (page 16) [] [] [] [] [] [] [] [] [] [] | | On-site process system type (page 16) M [] [] [] [] | |
| Quantity treated, disposed, or recycled on site in 1999 (page 16) [] [] [] [] [] [] [] [] [] [] | | Quantity treated, disposed, or recycled on site in 1999 (page 16) [] [] [] [] [] [] [] [] [] [] | | Quantity treated, disposed, or recycled on site in 1999 (page 16) [] [] [] [] [] [] [] [] [] [] | |
| Sec. III | A. Was any of this waste shipped off site in 1999 for treatment, disposal, or recycling? (page 17) <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE) | | | | |
| Site 1 | B. EPA ID No. of facility waste was shipped to (page 17) I L D 0 0 0 6 0 8 4 7 1 | C. System type shipped to (p. 17) M 1 4 1 | D. Off-site availability code (page 17) 1 | E. Total quantity shipped in 1999 (page 17) [] [] [] 1 4 4 5 2 . 0 | |
| Site 2 | B. EPA ID No. of facility waste was shipped to (page 17) [] [] [] [] [] [] [] [] [] [] | C. System type shipped to (p. 17) M [] [] [] | D. Off-site availability code (page 17) [] | E. Total quantity shipped in 1999 (page 17) [] [] [] [] [] [] [] [] [] [] | |
| Site 3 | B. EPA ID No. of facility waste was shipped to (page 17) [] [] [] [] [] [] [] [] [] [] | C. System type shipped to (p. 17) M [] [] [] | D. Off-site availability code (page 17) [] | E. Total quantity shipped in 1999 (page 17) [] [] [] [] [] [] [] [] [] [] | |
| Comments: | | | | | |

ILD 000 608 471

Clean Harbors of Chicago

11800 Stony Island Ave

Chicago IL 60633

SITE ~~1~~ 2

ILD 006 493 191

Schiber Truck Co

1701 Delmar

Hartford, IL 62048

SITE 4

IAD000610436

AMANA COMPANY LP
ROBERT A STEIFF
2800 220TH TRAIL
MIDDLE AMANA, IA 522040001



U.S. ENVIRONMENTAL
PROTECTION AGENCY

1999 Hazardous Waste Report

FORM
OI

OFF-SITE
IDENTIFICATION

Instructions: Please read the detailed instructions on the reverse side before completing this form.

| | | |
|--|--|---|
| Site 1 | A. EPA ID No. of off-site installation or transporter I A D 0 2 2 3 6 5 4 8 0 | B. Name of off-site installation or transporter Northland Products Co. |
| | C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input checked="" type="checkbox"/> TSDR facility | |
| Site 2 | A. EPA ID No. of off-site installation or transporter T L D 0 0 0 6 0 8 4 7 1 | B. Name of off-site installation or transporter Clean Harbors Services, Inc. |
| | C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input checked="" type="checkbox"/> TSDR facility | |
| Site 3 | A. EPA ID No. of off-site installation or transporter I N D 0 1 6 6 2 1 4 7 6 | B. Name of off-site installation or transporter Ashland Distribution Co. |
| | C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input checked="" type="checkbox"/> TSDR facility | |
| Site 4 | A. EPA ID No. of off-site installation or transporter I L D 0 0 0 6 0 8 4 7 1 | B. Name of off-site installation or transporter Schiber Truck Co. |
| | C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input type="checkbox"/> TSDR facility | |
| Site 5 | A. EPA ID No. of off-site installation or transporter [] [] [] [] [] [] [] [] [] | B. Name of off-site installation or transporter |
| | C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR facility | |
| D. Address of off-site installation Street _____ City _____ State [] [] Zip [] [] [] [] - [] [] [] [] | | |
| Comments: | | |

INSTRUCTIONS FOR FILLING OUT FORM OI – OFF-SITE IDENTIFICATION

WHO MUST SUBMIT THIS FORM

Sites required to file the 1999 Hazardous Waste Report must submit Form OI if:

- Form OI is required by your State; AND
- The site received hazardous waste from off site or sent hazardous waste off site during 1999.

PURPOSE OF THIS FORM

Form OI documents the names and addresses of off-site installations and transporters.

HOW TO FILL OUT THIS FORM

Form OI is divided into five identical parts. You must fill out one part for each off-site installation to which you shipped hazardous waste, each off-site installation from which you received hazardous waste, and each transporter you used to ship hazardous waste during 1999. If these off-site installations and transporters total more than five, you must photocopy and complete additional copies of the form. Prior to photocopying, place the pre-printed site identification label in the top left-hand corner of the form or, if you did not receive pre-printed labels, enter the site name and EPA Identification Number in this space.

Use the Comments section at the end of the form to clarify any entry (e.g., "Other" responses) or to continue any entry. When entering information in the Comments section, cross-reference the site number and box letter to which the comment refers.

ITEM-BY-ITEM INSTRUCTIONS

Complete Boxes A through D for each off-site installation to which you shipped hazardous waste and each off-site installation from which you received hazardous waste during 1999. Complete Boxes A through C for each transporter you used during the year (address in Box D is not required for transporters).

Box A: EPA ID No. of off-site installation or transporter

Enter the 12-digit EPA ID number of the off-site installation to which you shipped hazardous waste or from which you received hazardous waste. Or, enter the EPA ID number of the transporter who shipped hazardous waste to or from your site. Each EPA ID Number should appear only once. If the off-site installation or transporter did not have an EPA ID number during 1999, enter "NA" in Box A and note the reason in the Comments section. For wastes shipped to or received from foreign countries, if the facility does not have an EPA Identification Number, enter "FC" followed by the name of the country for the EPA Identification Number.

Box B: Name of off-site installation or transporter

Enter the name of the off-site installation or transporter reported in Box A.

Box C: Handler type

Check all boxes that apply to the handler type (i.e., generator, transporter, or treatment, storage, or disposal (TSD) facility) of the off-site installation or transporter reported in Box A.

Box D: Address of off-site installation

Enter the address of the off-site installation reported in Box A. If the EPA ID number reported in Box A refers to a transporter, enter "NA" in Box D.